

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534292

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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42		/				
43		/				
44		/				
45		/				
46		2				
47	/	/				
48	/	/				
49	/	/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		/				
53		/				
54	/					
55		/				
56		/				
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96						
97						
98						
99						
100						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	31	←		←		←
TOTAL CLAIMS	35					